



## British Endodontic Society Statement on COVID-19 virus

The following is the BES recommendations on providing Endodontic treatment during the COVID-19 pandemic. This guidance may change as the situation continues to develop.

### In-house procedures:

- Clearly display the communication posters on COVID-19 which are widely available on the PHE website:  
<https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus-/resources>
- Update your practice website, answering machines and other communications to maintain accuracy based on the latest information.
- Practices should set-up an effective phone triage system to establish prior to any visit, the COVID-19 risk and patient vulnerability. Check if:
  - the patient has symptoms of COVID-19 infection (i.e. high temperature of 37.8 degrees and above, and a new continuous cough)
  - anyone in their household is symptomatic for the COVID-19 virus or under self-isolation
  - the patient is over 70 years of age (even if asymptomatic of COVID-19),
  - the patient has underlying health conditions,
  - the patient is pregnant
- Cancel all routine/elective procedures. This includes check-ups and initial consultations in order to reduce the need to travel and to minimize close personal contact to uphold the national policy of social distancing.
- Endodontic care should not be delivered in the primary care setting to patients that have symptoms of COVID-19 or those in their households that do or are under self-isolation. In these cases, advise referral to central NHS service provision.
- Reduce the exposure of staff and patients to infection by avoiding all aerosol-generating procedures wherever possible as there is a potential risk even from asymptomatic cases.
- Therefore, routine restorative dentistry in compliance with current advice should be halted.
- This will in turn mean avoidance of the use of high-speed handpieces (turbine and speed-increasing), and ultrasonic devices for any treatment.
- Agree local arrangements with other practices to consolidate, where necessary, the provision of any essential dental work that cannot be delayed, and urgent dental problems

### Urgent endodontic conditions

Only cases that present with the following urgent endodontic conditions should be treated in the primary and specialist dental care setting to alleviate immediate acute symptoms, and include:

- **Acute soft tissue swelling due to a localised dental abscess**
- **Cellulitis indicative of a spreading soft tissue bacterial infection that could potentially compromise the patient’s airway and cause elevated temperature**
- **Acute dental pain indicative of a symptomatic irreversible pulpitis**
- **Tooth fracture resulting in pain or causing soft tissue trauma**
- **Dental trauma causing avulsion, intrusion, or lateral luxation injury, and complicated coronal fractures**
- **Replacing temporary dressings in endodontic access cavities in patients with acute pain**

### Treatment protocols

The latest PPE guidance here is aimed at dental practices that are not expected to be treating COVID-19 patients or their household contacts.

Correct triaging and risk assessment should allow patients to be considered as low-risk and can be treated for the urgent conditions outlined above.

PPE recommendations that are considered appropriate must be worn:

For patients not suspected of COVID-19 (i.e. asymptomatic and no requirement for self-isolation):	
No aerosol	Full face visor OR Dental Loupes or Microscope WITH surgical mask (type IIR) Surgical sleeving of all handpieces
Aerosol	Full face visor WITH fitted FFP3 face mask (FFP2 if FFP3 is unavailable) OR Dental Loupes or Microscope WITH face mask Surgical sleeving of all headpieces

- Use robust cross infection control procedures, wiping down surfaces between patients, and with extra vigilance to include door handles etc. and use the recommended standard PPE.
- Ask your patient to rinse with 1% hydrogen peroxide before each appointment. Coronavirus is vulnerable to oxidation so this will potentially reduce the salivary virus load.
- All endodontic procedures should be performed under dental dam isolation to decrease the possible exposure to infectious agents from the oral cavity and for airway protection.
- In addition, local disinfection of the tooth, before cutting, with sodium hypochlorite solution (1% to 5%) and employ standard protocol for intrapulpal disinfection and debridement with hypochlorite solution.

- Perform only coronal pulpotomy to remove the inflamed pulp tissue, or achieve drainage in necrotic infected cases
- For pulp exposures in complicated crown fractures, partial pulpotomy with a sharp excavator or slow-speed bur to expose 'healthy' pulp tissue; haemostasis of bleeding pulp with sterile cotton/sponge pledget soaked with 1-2% hypochlorite solution; 'cap' the pulp tissue with calcium hydroxide cement (e.g. Dycal) or Biodentine
- Apply an antibacterial root canal dressing agent (e.g. calcium hydroxide paste) unless the pulp is hyperaemic and consider including a steroid containing agent (e.g. *Ledermix* paste).
- Restore with a long-lasting temporary material (e.g. *IRM* or glass ionomer).
- Use high-volume aspiration for all dental procedures that produce an aerosol.
- Decontamination procedures as set out in HTM 01-05.
- Appropriate analgesics to advise would be 1000mg Paracetamol QDS (and/or 400mg Ibuprofen tablets TDS if the patient's medical history allows for this)

Patients who are symptomatic for COVID-19 or have been in household contact with others are not expected to receive urgent dental care in your dental practice.

Local NHS Commissioners are establishing local urgent dental care centres (LUDCs) in all regions of the UK. GDPs will be advised at local level on how to refer patients who require urgent dental care after they have undergone local triaging based on the principles of 'advice, analgesia, and antibiotics'.

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